



of Wisconsin Disability Organizations

101 East Wilson Street, Room 219, Madison, Wisconsin 53703

Voice: 608/266-7826 Fax: 608/267-3906

SURVIVAL COALITION 2015-2017 BIENNIAL BUDGET PRIORITIES



Survival Coalition Issue Teams: education, employment, housing, long term care for adults, long term care for children, mental health, transportation, workforce, voting, Medicaid and health care.

Real Lives, Real Work, Real Smart, Wisconsin
Investing in People with Disabilities



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101 East Wilson Street, Room 219, Madison, Wisconsin 53703
Voice: 608/266-7826 Fax: 608/267-3906

ADULT LONG-TERM CARE BUDGET PRIORITIES

STATEMENT

Survival Coalition advocates for a community-based support system that allows eligible adults to live inclusive lives in the community with individualized and appropriate services to meet their needs.

BACKGROUND:

Wisconsin's system of Long Term Supports helps people with disabilities and elderly residents maintain better health and independence through support/services in individual homes, and other community-based settings. Nursing homes and other institutional settings are a more costly way to provide care. The State, counties, managed care organizations, and personal care workers provide assistance for people with daily tasks—like dressing, bathing, meals, household chores and tasks, getting ready for work, transportation—and management of chronic health conditions. The Department of Health Services (DHS) oversees Wisconsin's Long Term Care programs including Family Care/IRIS, Aging and Disability Resource Centers, and several community-based Medicaid waiver programs.

BUDGET RECOMMENDATIONS

- Family Care and /IRIS are available in all 72 counties.
- Development of an adequate capitated rate for Family Care, especially for serving people with complex needs who require more intensive and costly supports – a tiered rate structure may be needed.
- Support and incentivize MCOs to develop models for community based integrated day activities that can be used when people with disabilities are not working in integrated, competitive employment. Increase funding to build community support capacity so that can serve people with complex needs without reliance on costly institutional placements, which is currently happening too frequently because of inadequate community supports.
- Provide funding to create residential placements that can support members with complex needs, create community-based crisis beds for short-term stays, and require that people return to the community after temporary therapeutic stays in in-patient facilities. Ensure IRIS (self-directed waiver option to Family Care) has capacity and infrastructure needed to oversee the program. IRIS has grown far more

than initially anticipated. It is projected that the program will continue to add new members as younger people entering LTC have chosen IRIS more frequently, and if/when legacy counties transition to Family Care there will be additional LTC recipients that choose IRIS. Provide additional DHS positions for IRIS to keep pace with how fast the program is growing and conduct quality oversight.

- Consolidate Southern and Central Centers (two DD centers into one).

POLICY ITEMS RELATED TO BUDGET REQUESTS

- Establish competitive, integrated employment as the first and preferred outcome of publicly funded LTC employment supports. Provide funding for necessary technical assistance (DHS led, DVR coordination) to achieve this outcome over a 5-year span.
- Require benchmarks/targets for competitive integrated employment outcomes in LTS programs reported annually.
- Provide targeted funding to support sustainability of competitive integrated employment for youth who are exiting public school in the remaining legacy waiver counties (e.g. Dane County model).
- Continue to address quality concerns with Family Care services as expansion continues.
- Goals/outcomes should go beyond health/safety; they need to include quality of life.
- Expand use of National Core Indicators (NCI) to Family Care. Currently, DHS collects Wisconsin data from legacy counties and IRIS. Statewide use in all long-term care programs would provide a more complete and accurate reflection of trends and issues in Wisconsin's long-term care system.

Contact Survival Coalition Co-Chairs for additional information

Maureen Ryan
Wisconsin Coalition of
Independent Living Centers, Inc.
608-444-3842
moryan@charter.net

Beth Swedeen
Wisconsin Board for People with
Developmental Disabilities
(608) 266-1166
beth.swedeen@wisconsin.gov

Kristin M. Kerschensteiner
Disability Rights Wisconsin
608-267-0214
kitk@drwi.org



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CHILDREN'S LONG-TERM SUPPORTS BUDGET PRIORITIES

STATEMENT

Almost 2800 children and youth with significant disabilities and their families are waiting for essential support and services such as specialized equipment or home modifications. The wait time for children ranges from 1 to 8 years depending on where a family lives. Over one third, (37%) of children eligible for long-term supports are waiting, compared with less than 6% of adults eligible for Family Care and IRIS.

BACKGROUND

Children and youth with significant disabilities can have extraordinary needs that require unique supports so families and their children can fully participate and benefit from the typical community experiences that all children enjoy. Families who are well informed and have access to supports can play key roles in identifying and securing opportunities for their children and youth with disabilities.

Waiting for services means missed opportunities for: cognitive, physical and behavioral development, and learning skills for independence. An inability to meet less costly needs now can lead to expensive crises and higher future costs, in addition to significant stress for families affecting their ability to work and provide support.

BUDGET RECOMMENDATIONS

- Reduce Waiting Lists by 1000 Children. Ensure that new funding is equitable to address the needs of all children, all disabilities.
- Provide short term assistance to families who are waiting. Families state having a person who can help them navigate services and supports is their primary need. This assistance assures families access to information on a broad range of school, community and private sources of supports and services.
- Build on efficiencies experienced in counties using a single point of entry for eligibility. COMPASS Wisconsin Threshold (now only available in 13 counties) has improved families' access to information and supports and has streamlined the eligibility process for families in need. Wisconsin should expand this efficient single-point-of-entry model statewide.
- Reduce Medicaid administrative costs and stress for families by reducing the frequency of repetitive reviews for services deemed medically necessary (reduce to minimum review allowed by state statute.) Increase the duration of Medicaid funded services for children who meet eligibility for long-term supports.

- As an evaluation strategy for the Children's Long Term Services (CLTS) programs, direct DHS to work with stakeholders to develop specific family outcomes measures and implement a family-based outcomes survey. The survey would: a) identify gaps in family knowledge and gaps in the types of services currently needed by and provided to families; b) be part of a continuous quality improvement process for children with significant disabilities.

ADDITIONAL PRIORITIES

- 1. Maximize the best possible outcomes for children and their families who access public supports. Educate, support and empower families.**
 - a. Assure that annual planning for current and future needs of a child and family is based on the family identified outcomes, not a menu of services. Shift conversations from services to supports for the family's vision.
 - b. Start early and continue often to help families shape a positive vision for the future and actualize that vision as partners and advocates with schools, CLTS, and their communities.
 - c. Support opportunities for families to acquire skills and knowledge to be effective partners and advocates.
 - d. Develop an integrated, web-based CLTS information technology system that improves data reporting that describes CLTS including elements such as; numbers served and on waiting lists, costs, spending trends, service utilization and demographics.
- 2. Improve access to helpful people, supports and service for families who interact with CLTS. Refocus role of front-line CLTS staff on relationships and support to families.**
 - a. Prioritize values-based, family-centered training that is focused on increasing skills and knowledge of CLTS service coordinators to partner with families, use culturally effective practices, identify family outcomes and increase family access to generic community and natural supports, Medicaid covered services, private insurance, school supports and futures planning.
 - b. Provide regular learning opportunities for families and ensure ongoing interactions with service coordinators include information about connecting with other families for emotional supports, a vision for the future, partnering with professionals, and maximizing school and community resources.
- 3. Make sure the system is equitable for all families and children who are eligible and want assistance. Provide the right support, at the right amount, when it is needed.**
 - a. Assure that all children have equal access to eligibility determination using the functional screen with particular attention to children with severe emotional disturbance.
 - b. Assure families have access to information that is understandable, reliable and culturally appropriate. This is accomplished by improving the competencies of those working with families as well as the quality and consistency of information available to families.

4. Improve efficiency and reduce duplication of effort. Eliminate barriers to coordination within DHS.

- a. Address barriers that prevent service coordinators from creative problem-solving that facilitates inclusion for the child and family and maximizes access of neighborhood and community supports.
- b. Minimize burdensome paperwork and regulatory processes for counties to allow them to redirect their time and resources to direct support to families.
- c. Make self-directed personal care, incontinence supplies and Non-Emergency Medical Transportation (NEMT) available to families.

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Maureen Ryan
Wisconsin Coalition of
Independent Living Centers, Inc.
608-444-3842
moryan@charter.net

Beth Swedeen
Wisconsin Board for People with
Developmental Disabilities
(608) 266-1166
beth.swedeen@wisconsin.gov

Kristin M. Kerschensteiner
Disability Rights Wisconsin
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MEDICAID BUDGET PRIORITIES

- Continue the commitment to people with disabilities in the state's Medicaid program by preserving long-standing essential benefits in the state plan and exemptions to premiums and other new provisions for persons with a disability as determined by the Disability Determination Bureau or the Social Security Administration.
- Maintain Wisconsin's strong Medicaid program which is essential to the health and independence of people with disabilities. We recommend no changes to eligibility criteria, no reduction of hours of services and supports provided, along with assurances that reimbursement rates will not be decreased. The Medicaid budget should not be balanced in a way that harms individuals with disabilities.
- Reduce administrative costs by significantly improving and streamlining the prior authorization (PA) process. The following strategies to reduce cost should be considered:
 - Increase duration of service for therapies to the maximum allowable by administrative rule for eligible children (who meet level of care using the Wisconsin Functional Screen) who have a medically necessary (need) service that is being addressed.
 - Address PA concerns related to mental health services. The PA process for many non-institutional mental health services has become overly burdensome to providers and goes beyond what is needed to ensure the appropriateness and medical necessity of the services. Failing to provide timely and appropriate service authorization is not likely to save money if people fail to obtain necessary treatment and, as a result, use more costly services over time.
 - Reduce PA burden in Medical Assistance Personal Care.
 - Eliminate PA review for reimbursement when an individual has private insurance as the primary source of coverage and Medicaid is only providing payment for copays. Items have already been reviewed and approved by private insurers.
 - Remove prior authorization review from OIG and put it back in Medicaid-requesting approval to provide a service to which a person is entitled is not fraud.
 - Improve notices when PA requests are "modified" so that they clearly tell the recipient how the request was modified from what was requested by the provider. At present the notices are incomprehensible and tell the recipient to contact their provider if they want to learn the reasons for modification.
- Address access for children with SED (Significant Emotional Disturbance) in the children's long term services waiver. The SED criteria should be revisited for individuals with significant mental health issues. For

example, children who qualify as SED for services provided with mental health block grant money, have been denied eligibility when screened for the CLTS waiver. The interpretation of the SED criteria also varies across the state.

- Expand Medicaid to adults between 100% and 133% of the Federal Poverty Level. This is important for people with disabilities because of the broad ranges of health care and community services which are covered by Medicaid.
- Increase the Medical Assistance Personal Care rate to ensure providers' abilities to keep pace with rising operational costs, and to specifically provide direct care workers with competitive wages and benefits. Average reimbursement rates are now 15% below actual provider costs related to worker wages and benefits. The industry's last rate increase was 1.5% in 2008.
- Designate an Independent External Advocate to oversee quality control, receive and track consumer complaints and advocate for members in the provision of non-emergency medical transportation (NEMT) through MTM. Advocates continue to hear concerns about service quality and do not believe consumer complaints can be handled adequately when monitored internally. Independent oversight, quality assurance and advocacy are vital to ensuring safety, timeliness, and quality of these services.
- Improve access to dental care. People with disabilities in Wisconsin experience difficulties in obtaining regular dental care, resulting in many preventable extractions, a high incidence of periodontal disease, etc. One major cause is the low reimbursement rates for dental procedures in Medicaid, and the resulting small number of dentists willing to accept these rates. Wisconsin must develop an effective set of strategies to make real progress on this issue. Strategies to include:
 - Correcting the current inequity in the SSI Managed Care Program (dental care is included in SSIMC in some SE Wisconsin counties but not in the other SSI MC counties),
 - Expanding the availability of dental care at community health clinics, and
 - Increasing responsibility for Family Care managed care organizations to help enrollees find a dentist.
- Support changes to the MAPP program that provide the work incentives necessary to support people with disabilities who require access to Medicaid and long-term supports to support their employment. These changes include the way unearned income is counted, and the reduction of premium costs for many participants who have faced added barriers to employment because of extremely high MAPP premium costs.
- Designate an independent entity to oversee quality control and to receive and track consumer complaints in the provision of Durable Medical Supplies through J&B Supply to allay continued reports from MA recipients about difficulty with incontinence and other supplies funded by Medicaid.

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Maureen Ryan
Wisconsin Coalition of
Independent Living Centers, Inc.
608-444-3842
moryan@charter.net

Beth Swedeen
Wisconsin Board for People with
Developmental Disabilities
(608) 266-1166
beth.swedeen@wisconsin.gov

Kristin M. Kerschensteiner
Disability Rights Wisconsin
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kitk@drwi.org



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EDUCATION BUDGET PRIORITIES

STATEMENT

Wisconsin has a long history of quality public education for all students, but achievement of students with disabilities continues to lag behind other groups. Recent statewide investments in employment supports for people with disabilities mean our schools must do their job to ensure students graduate college and workforce ready. Students of all disability types have proven that when instruction quality is high and funding is adequate, they can get proficient marks on state tests. Wisconsin must continue to invest in and promote quality education practices in environments that preserve parents' rights to question quality and in systems that are held accountable at the highest levels.

BACKGROUND

According to the Department of Public Instruction (DPI):

- Students with disabilities are two-and-a-half times less likely to be proficient in reading and math than their peers.
- Nearly half of all students with intellectual disabilities spend more than 40% of their school day outside the regular classroom where the majority of grade level content is taught and where research shows students have the best outcomes.
- The ACT test is a marker for college readiness, yet only 8% of students with disabilities are taking it, compared to 68% of students without disabilities.
- DPI Post-School outcome data shows that outcomes for students with cognitive disabilities are low. In 2013 93% of surveyed students reported they were never engaged in postsecondary education and training since high school (72%, in 2009) and more than half reported no paid employment since high school.

The state's share of special education funding has eroded significantly during the past 20 years from 44% to the current 26% of actual costs. Local districts bear an extraordinary financial burden to ensure students with disabilities are educated properly.

BUDGET RECOMMENDATIONS

- Increase state special education categorical aid funding to keep pace with local costs. Fund [to at least 44% of costs](#) - up from 26%.
- Increase state support to 55% for the high cost special education fund.
- Invest in and make families aware of the [Wisconsin Special Education Mediation System \(WSEMS\)](#) to resolve conflict with districts.
- Eliminate discriminatory open enrollment provisions.

- Direct DPI to develop an internal special education quality improvement plan to address achievement gaps for students with disabilities. Direct DPI to set benchmarks for targeted areas (i.e. academic, disciplinary, least restrictive environment and college/workforce readiness indicators). Annually report progress to the legislature.
- Develop a fund to target resources and technical assistance to districts that are not keeping pace with Annual Measurable Outcome (AMO) targets for students with disabilities to address their significant achievement gaps in reading and math.
- Ensure a uniform definition of disability across all school settings in the school accountability system. Use federal IDEA definition of disability; disaggregate all performance measure data by disability category.
- Develop alternatives to classroom removal and out of school suspensions. Invest in training for schools about best practice methods to achieve change.
- Require that DPI develop a clear transition policy for students with disabilities over age 14 stating that the preferred outcome of publicly funded education supports is to help the child become gainfully employed in an integrated workplace at or above the minimum wage.
- Establish a school based mental health study committee.
- Develop a stakeholder committee to study the impact of the enactment of Act 125 – the seclusion and restraint law.
- Ensure inclusion of all students with disabilities and schools (including students who attend state-funded) County Children with Disabilities Education Boards (CCDEBs) in the statewide accountability system.
- Do not consider development of a separate Special Needs Voucher/Scholarship program unless all 6 key criteria (agreed to by leading disability advocacy groups) to prevent fraud and to protect children's rights are met.
 - It is only available to low income families (same level as other voucher programs).
 - It prohibits tuition charges that exceed the voucher amount.
 - It does not diminish funding for public schools provision of special education or general education.
 - It ensures that special educators and related services staff (e.g., physical, occupational and speech therapists) will be at any voucher schools which accept such students and that they will implement the child's IEP.
 - Schools which participate in any such program must be held accountable to implement children's IEPs.
 - Children who are eligible for such programs must be re-evaluated at least every 3 years to determine if they still meet Wisconsin special education eligibility criteria. If they are no longer eligible for special education, they will not continue to receive a special needs scholarship.

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 Wisconsin Coalition of
 Independent Living Centers, Inc.
 608-444-3842
moryan@charter.net

Beth Swedeon
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MENTAL HEALTH BUDGET PRIORITIES

STATEMENT

Mental illnesses are treatable and people do recover, even from serious mental disorders. But untreated mental illnesses result in serious repercussions for individuals, families and society as a whole. In Wisconsin over 700 people die by suicide each year; studies suggest 60-90% of these individuals have a mental illness. Children with serious emotional disturbances are less likely to graduate from high school than youth with other disabilities. 30% of individuals in prisons and upwards of 60% of those in county jails have mental disorders. Over 50% of individuals in the long-term care system have mental illnesses in addition to other disabilities and the costs associated with the care of these individuals is much higher. Mental illness causes more days of work loss and work impairment than many other chronic conditions such as diabetes, asthma, and arthritis. And when mental illness co-occurs with these other chronic health conditions it significantly increases the morbidity and mortality associated with these conditions. Wisconsin needs to continue to develop its community-based, recovery-oriented, trauma-informed system of care and integrate mental health treatment with substance use and primary care interventions to ensure earliest identification and intervention.

BACKGROUND

The 2013-2015 legislative session saw unprecedented activity in support of the expansion of mental health services and supports in Wisconsin. Both the Governor's budget and the recommendations from the Speaker's Task Force on Mental Health provided new funding for community-based services and supports for adults and children with mental disorders; together about \$22 million were allocated. However, we believe that additional investments are needed to make sure that these initiatives can achieve their goals and that we are able to adequately evaluate their success. Additionally, Wisconsin has successful program models for reducing incarceration of individuals with mental illnesses and improving the reintegration back to the community of those who are incarcerated. However, these programs are not reaching everyone they could because of limited funding. Finally, one area the Legislature failed to address this session was the stigma and discrimination that often results in individuals failing to seek treatment and support.

BUDGET RECOMMENDATIONS

A. Allocate targeted funding to support the significant investments made in the last budget.

- Support the development of the Mental Health Certified Peer Specialist (CPS) and parent peer specialist (PPS) workforce. CPSs and PPSs are critical to the implementation of the expansion of Comprehensive Community Services and Coordinated Service Teams in the last budget.
- Provide additional funding to state agencies to support effective implementation and oversight of new and expanded programs. Adequate staffing was not provided to support implementation of all the new initiatives.
- Provide additional funding to the newly-created Office of Children’s Mental Health for needed activities.

B. Improve the criminal justice system’s response to individuals with mental illnesses.

- Expand Opening Avenues to Reentry Success (OARS) to additional regions of the state. OARS has been successful in supporting inmates with mental illnesses in reintegrating into the community and has significantly reduced recidivism rates for this population.
- Expand the Disabled Offender Economic Support (DOES) program to ensure that inmates with mental health needs obtain prompt access to health services upon release.
- Expand the Treatment Alternatives and Diversion Program (TAD) to allow it to serve individuals with a mental illness in the absence of a co-occurring substance use disorder.
- Increase Department of Corrections funding to expand use of PPSs to work with families of incarcerated youth, to prepare and support them in reintegrating their children into their homes and communities.

C. Reduce the stigma associated with mental illnesses and reduce discrimination against individuals living with mental disorders and their families

- Fund evidence-based programs that reduce stigma. This was one of the few recommendations of the Speaker’s Task Force on Mental Health not enacted by the legislature this past session.
- Reduce discrimination against people with mental illnesses in health care settings by supporting efforts to work with emergency departments to improve their care for people with mental illnesses.
- Reduce discrimination against parents of children with serious emotional disorders by eliminating the child support payment of 17% of gross income for out of home treatment.

D. Increase access to paid respite care for families of children with serious emotional disorders.

- Identify and fund options for respite care or psychosocial rehabilitation that don’t require removing children from the home at great expense. Parenting a child with behavioral challenges can be an exhausting, isolating, and 24x7 experience. However, respite care is rarely funded by public mental health programs.

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Maureen Ryan
 Wisconsin Coalition of
 Independent Living Centers, Inc.
 608-444-3842
moryan@charter.net

Beth Swedeen
 Wisconsin Board for People with
 Developmental Disabilities
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LONG TERM CARE WORKFORCE BUDGET PRIORITIES

STATEMENT

Direct-care workers, otherwise referred to as personal care aides; home health aides, nursing aides, orderlies and attendants, are the backbone of the community long term care system. This workforce now constitutes the largest occupational grouping in the state. Totalling nearly 90,000, the number of direct-care workers exceeds the state's core manufacturing employment (metal and plastic workers and machinists), RNs and LPNs, and teachers from kindergarten through high school.

In addition, direct-care workers have assumed a pivotal role in Wisconsin's health care workforce, accounting for nearly a third of the state's health care workforce and far outnumbering doctors, nurses, and other health care occupations. A strong long term care workforce aligns with the overall sustainability initiatives currently being pursued by the Department of Health Services.

BACKGROUND

Home health aides and personal care aides are projected to be the fastest and third fastest-growing occupations in the state through 2018, increasing by 38% and 34%, respectively.

Professional Healthcare Institute (PHI) and other nationally recognized workforce experts report at least 40 percent of direct-care workers in Wisconsin and surrounding states rely on some form of public assistance such as food stamps or Medicaid. The estimated fiscal cost of providing these benefits in 2009 was upwards of \$180 million. The current funding available in the long term care industry make it fiscally impossible for service providers to provide employer sponsored health care to this workforce. Thus many workers are relying on Badger Care and other publicly funded programs.

At the same time, low wages hamper direct care worker recruitment and retention. Wisconsin's booming demand for direct care workers cannot be met without making these jobs more competitive so that they attract enough qualified workers, especially at a time when the state has set goals to offer more long-term supports and services options to elders, their families, and persons living with disabilities.

Careful increases of public and private investment can help re-shape the structure and quality of these vital occupations so that they can reflect the importance of this work and these jobs to Wisconsin families and communities.

Notation: Information in this paper was generated using the PHI State Facts: Wisconsin's Direct-Care Workforce fact sheet, issued by PHI in December 2011. More information is available at <http://phinational.org/policy/states/wisconsin>

RECOMMENDATIONS

- Increase the Medicaid reimbursement rate for personal care. Current reimbursement rates are on average 15% below actual provider costs related to worker wages and benefits, which directly impacts providers' ability to provide fair wages and benefits for direct care workers. The industry's last reimbursement rate increase was 1.5% in 2008.
- Increase investments in the community-based direct care worker through Department of Workforce Development employment and training initiatives, such as the Wisconsin Fast Forward Grants. Specifically address education and training initiatives to increase the professionalism of the workforce and increase the representation of the long term care workforce on workforce development councils or other venues in which policy decisions are made.
- Address the unintended consequence of the Affordable Care Act (ACA) on home care providers. Providers who are primarily funded by Medicaid are expected to comply with the requirement to provide health insurance to fulltime employees by 2016. The current Medicaid reimbursement rate structure will not cover the expense incurred by providers to comply with the ACA requirement and could result in a reduction of the long term care workforce and compromise the continuity of care for people with disabilities who rely on these services.

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Maureen Ryan
Wisconsin Coalition of
Independent Living Centers, Inc.
608-444-3842
moryan@charter.net

Beth Swedeen
Wisconsin Board for People with
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TRANSPORTATION BUDGET PRIORITIES

STATEMENT

Transportation is critical to maintaining the independence of people with disabilities. However, many do not drive or own a vehicle because of their disability and/or limited income. When people with disabilities cannot access transportation or the transportation network does not get them where they need to go when they need to, people with disabilities are unable to work, spend money at local businesses, attend worship, or visit family and friends.

Without transit, family and caregivers may no longer be able to provide care when it is needed. Some people with disabilities need supports at all hours of the day. Nearly half of transit use is for work related purposes.

Funding transit is a smart investment. It lowers government costs by helping people with disabilities live independently and be employed. It also allows transportation-limited people to provide care for people with disabilities.

BACKGROUND

Survival Coalition encourages policy makers to prioritize transportation programs that assist people with disabilities and their caregivers who would otherwise have few options. This includes increasing transit operating aids to enhance public transportation. The past decade has seen reductions in transit services. These aids are vital to keeping people with disabilities independent and provide access to employment, education, healthcare, small businesses and large retailers, and other important places in the community (libraries, schools, churches, civic buildings, and community events). For example, in southeastern Wisconsin, transit services have been cut over 20% over the past ten years and fares have increased to some of the highest in the country. Cutbacks have taken a heavy toll on the ability of people with disabilities to work and be contributing members of the community, and also made it very difficult for the caregivers they rely on to get to work. In addition, reductions in transit aids have resulted in significant reduction of paratransit services and increases in fees. The 2015–2017 budget should strongly support these services, including specialized transportation, as they are key to independence and life in the community for people with disabilities.

RECOMENDATIONS

- Keep transit in the segregated transportation fund to ensure that these funds are protected and not in competition with education, Medicaid, and other programs. Transit uses less than 5% of the total transportation fund. This small investment does so much for Wisconsin's economy and quality of life.

- Preserve the state investment in local transit by increasing Transit Operating Aids.
- Maintain support for paratransit services. These funds have been essential to helping local governments maintain paratransit services for people with disabilities and older adults.
- Increase funding for the *Specialized Transportation Assistance Program for older adults and people with disabilities* (Sec. 85.21).
- Support development of Regional Transit Authorities as a way to increase efficiencies, improve regional connectivity, provide local communities the flexibility and tools to improve their systems and create a robust transportation network, and position Wisconsin to take advantage of federal funds for capital investment.
- Provide local governments with the ability to support transit in a sustainable way, and to designate a dedicated funding source for transit.
- Actively pursue coordination at local, regional, state level and utilize all funding options to do so, e.g. United We Ride grant from 2009.
- Use Transportation Alternatives Program (TAP) funding for TAP projects and not flex this funding for other purposes.
- Ensure Wisconsin's ability to enhance coordination through increased funding for mobility management programs.

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Maureen Ryan
Wisconsin Coalition of
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moryan@charter.net

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EMPLOYMENT BUDGET PRIORITIES

STATEMENT

Survival Coalition supports integrated employment at competitive wages as the first and preferred outcome of public programs for people with disabilities. We believe everyone can work in integrated jobs at minimum wage or higher with the right job fit and right supports. Survival's support of integrated employment is based on data showing that employment for people with disabilities results in improved health, social and economic benefits for people with disabilities, and reduced reliance on public benefits that impact the entire state.

BACKGROUND

People with disabilities can and do work and contribute in their communities. Survival Coalition thanks the Governor's office and Legislature for the full funding commitment to Division of Vocational Rehabilitation. Survival also appreciates the Governor's commitment to training workers with disabilities, which he announced during his State of the State speech in January 2014. Yet, the employment rate for people with disabilities nationwide is less than a third of the general population.¹ Within Wisconsin's long-term care programs, only 8% of Family Care participants and 4% of IRIS participants have competitive-wage jobs.² People with disabilities who do work make 30% less than the general workforce, and 27% live in poverty.³

Wisconsin can do better. Nationwide, public programs that support people with disabilities spend just 1% on education, job training, and employment.⁴ Other states have found that employment rates for people with disabilities can go up with the right public policies. Research has shown that it is more cost-effective to provide integrated employment supports than providing employment preparation in segregated settings.⁵

¹ Bureau of Labor Statistics (December 2013).

² Wisconsin Department of Health Services (2012).

³ American Community Survey (2012).

⁴ Adapted from Livermore, Stapleton and O'Toole, Health Affairs, (2011).

⁵ Citera, Robert. "An Evaluation of the Long-Term Service Costs and Vocational Outcomes of Supported and Center-Based Employees in Wisconsin," (August 2010).

RECOMMENDATIONS

- Require employment performance targets in state programs that support people with disabilities to show continued improvement.
- Require state agencies to report annually to the Legislature on progress toward improving employment outcomes for people with disabilities.
- Increase statewide funding for programs that result in improved integrated employment outcomes, such as corporate initiatives (e.g. Walgreens, Project SEARCH), Customized Employment and Individual Placement and Support for people with mental health disabilities.
- Change state use contracting laws to ensure Wisconsin is a model employer by requiring all workers on state contracts to earn minimum wage or higher, and to allow small businesses owned by people with disabilities to participate in state use contracting programs.
- Initiate a statewide effort within departments to hire people with disabilities in state government jobs. Policy initiatives could include offering provisional appointments, having alternative examination and/or interview processes, instituting trial work periods, and including people with disabilities on special appointment lists.
- Develop a business-to-business technical assistance system in which businesses wanting to hire people with disabilities can connect with more experienced businesses that are already benefitting from hiring people with disabilities.
- Initiate a long-term commitment of staff and funding to expand and improve employment service provider quality and capacity to help people with disabilities achieve integrated employment outcomes. This should include service provider training, certification and quality assurance monitoring across state agencies that purchase these services. This includes developing new service providers where existing quality or capacity is lacking.
- Restructure service provider payment systems to assure that integrated employment is rewarded as an outcome and segregated employment is discouraged.
- Direct DHS to use data it collects on expenses for integrated employment services compared with all other services as a basis for shifting funds toward higher investments in integrated employment supports.

Contact Survival Coalition Co-Chairs for additional information

Maureen Ryan
Wisconsin Coalition of
Independent Living Centers, Inc.
608-444-3842
moryan@charter.net

Beth Swedeen
Wisconsin Board for People with
Developmental Disabilities
(608) 266-1166
beth.swedeen@wisconsin.gov

Kristin M. Kerschensteiner
Disability Rights Wisconsin
608-267-0214
kitk@drwi.org